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University Health Board

LIST OF INTERVENTIONS NOT NORMALLY UNDERTAKEN BY CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Executive Lead: Executive Director of Public Health, Cardiff and Vale University Health Board

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Linked Documents: **Please note** - Embedded documents are available on request

Please read the following documents alongside this list:

- *Cardiff and Vale UHB Policy on Interventions not Normally Undertaken*
- *All Wales Policy on Making Decisions on Individual Patient Funding Requests*
- *All Wales Prioritisation Framework*

- *All Wales Procedure for Requests for Healthcare in the European Economic Area*
- *Cardiff and Vale UHB Guide to Individual Patient Commissioning*

Version control	Review date	Reviewed by	Completed action	Ratified by	Date ratified	New review date
v02	October 2015 19/09/12 & July & Nov 2015 24/02/12 & July 2015	PCIC and CD & T Clinical Boards Clinical Effectiveness Group & Surgery Clinical Board review National Orthopaedic Innovation & Delivery Board & Surgery Clinical Board review	New policy statements prepared on: <ul style="list-style-type: none"> • Open MRI scans • Spinal injections for spinal surgery • Spinal injections for pain medicine • Hallux valgus 	Clinical Effectiveness Group	18/01/16	List of Interventions Not Normally Undertaken is subject to continuous review.
V02 + minor amendments		Request from Dental Clinical Board for slight amendment to criteria & inclusion of updated evidence.	Slight change to wording of criteria for Dental implants.	Chair's action (Dr Sharon Hopkins).	24/10/16	
V03	August 2018	Consultant in Public Health and Clinical boards	Review of OCPS codes, intervention statements and updating of evidence for of all interventions in the INNU list			

			Addition of nasal surgery for snoring intervention.			
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PART 1: LIST OF INTERVENTIONS NOT NORMALLY UNDERTAKEN BY THE CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Clinical Board	Office of Population Censuses & Surveys (OPCS) code	Intervention	Criteria for Use without an Individual Patient Funding Request	Clinical Evidence Base
Children and Women Obstetrics and Gynaecology	R17.1 R17.2 R17.8 R17.9	Elective Caesarean Section (CS)	Can be undertaken when patients meet one or more of the following: <ul style="list-style-type: none"> • HIV (only if recommended by a HIV consultant) • Both HIV and Hepatitis C (as above, there is no evidence that CS should be performed for Hepatitis C alone) • Primary genital herpes in the third trimester (active genital herpes at the onset of labour) • Grade 3 and 4 placenta previa • Previous upper segment caesarean section / type unknown • Previous significant uterine perforation/surgery breaching cavity • A term singleton breech (if external cephalic version is contraindicated, failed or declined) • A twin pregnancy regardless of chorionicity with breech or smaller first twin • A monochorionic twin pregnancy after appropriate discussion about the risks of acute TTTS • A previous caesarean section if VBAC (Vaginal Birth after Caesarean) has been declined or is felt to be inappropriate • A previous traumatic vaginal delivery if VBAC has been fully explored but declined • A fetus at high risk of fetal distress in labour e.g. known severe placental insufficiency • A woman with tocophobia who has requested caesarean section, providing that her concerns have been fully 	NICE Clinical Guideline 132 Caesarean Section: https://www.nice.org.uk/guidance/cg132

			<p>explored and documented AND support and counselling has been made available AND the patient has attended the Birth Choices Clinic (she should have been offered a referral to a healthcare professional with expertise in providing perinatal mental health support to help her address her fears in a supportive manner. If, after providing such support, a vaginal birth is still not an acceptable option, an elective c-section can be supported).</p> <p>An IPFR is required for all other circumstances.</p>	
<p>Children and Women</p> <p>Obstetrics and Gynaecology</p>	<p>Q37.- Q29.- N18.1</p>	<p>Sterilisation – Reversal of (male and female)</p>	<p>Can be used:</p> <p>If death of an existing child has occurred</p> <ul style="list-style-type: none"> • If remarried after death of spouse • If loss of unborn child when vasectomy has taken place during the pregnancy. <p>Request for exemption required in all other cases.</p>	<p>Public Health Wales Observatory Evidence Summary Reversal of sterilisation (male and female): http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-reversal-of-sterilisation</p> <p>Royal College of obstetricians and Gynaecologists. FRSB Clinical Guidance Male and female sterilisation. September 2014: https://www.fsrh.org/documents/cec-ceu-guidance-sterilisation-cpd-sep-2014/</p> <p>The evidence suggests that reversal of sterilisation for both females and males appear to be effective methods of restoring fertility. Those seeking sterilisation should be fully advised and counselled in accordance with Royal College of Obstetricians and Gynaecologists guidelines that</p>

				the procedure is intended to be permanent.
Children and Women Obstetrics and Gynaecology	Q10.3 Q18.-	Heavy Menstrual Bleeding - Dilation and curettage (D&C)/ Hysteroscopy	D&C should NOT be used as a therapeutic treatment or as a diagnostic tool for heavy menstrual bleeding so will not receive prior approval for these conditions. Hysteroscopy can be used when it is carried out: <ul style="list-style-type: none"> As an investigation for structural and histological abnormalities where ultrasound has been used as the first line diagnostic tool and where the outcomes are inconclusive When undertaking endometrial ablation Request for exemption required in all other cases. Statement being reviewed in light of NICE guideline 88 (published March 2018) which replaces CG44	NICE Guideline 88 Heavy menstrual bleeding: Assessment and management: https://www.nice.org.uk/guidance/ng88
Children and Women Obstetrics and Gynaecology	Q07.- Q08.-	Heavy Menstrual Bleeding - Hysterectomy	Can be used when other treatment options have failed, are contraindicated or are declined by the woman Request for exemption required in all other cases.	NICE Guideline 88 Heavy menstrual bleeding: Assessment and management: https://www.nice.org.uk/guidance/ng88
Clinical Diagnostic and Therapeutics Radiology	No code	Open MRI scans	Conventional MRI scanning is provided locally by Cardiff and Vale UHB. It is expected that all patients requiring an MRI scan would use this service. Open MRI scanning will usually only be used when patients meet one or both of the following two criteria: Category 1 – Claustrophobia In the first instance, the Radiology department can meet with a patient that has concerns regarding claustrophobia	Public Health Wales Observatory Evidence Summary. Open Magnetic Resonance Imaging: http://www.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-open-magnetic-resonance A process is in place both for

			<p>and MRI scanning - a member of staff can describe the process to the patient and show them the scanner. If these fears cannot be alleviated by the Radiology Department, there is an option for sedation. <i>If suitable</i>, the patient will be referred to their General Practitioner for a prescription of a sedative which can be used during the scan. In most cases this is sufficient to enable an MRI scan to be performed.</p> <p>The patient must have had a failed attempt at conventional (closed) MRI with oral sedation, where appropriate, prior to acceptance for Open MRI.</p> <p>If the conventional option is not suitable (after review) and the referring clinician still feels that an Open MRI scan is needed, then the patient could be considered for an Open MRI scan.</p> <p>Category 2 - Patient Size</p> <p>The size of a patient and the restriction of the MRI scanner tunnel will vary depending on the patients and the circumstances. Some patients may be large but would still be suitable for a conventional closed MRI. In the first instance, the patient should be invited to attend the radiology department and be formally assessed by MRI radiographer for suitability. The patient can be talked through the procedure, and shown the scanner. The Radiographer will examine the evidence presented, and make judgement on whether to proceed with the MRI scan.</p> <p>If the closed MRI is not suitable (after review) and the referring clinician still feels that an MRI scan is needed, then the patient could be considered for an Open MRI. It should be noted that MRI may not be the imaging modality of choice for patients in this category and referral to a Specialist may be preferable.</p> <p>Request for exemption required in all other cases.</p>	<p>primary and secondary care referrals for open MRI.</p>
Clinical Diagnostic	X61.-	Complementary	Can be used as treatment as part of a mainstream service care plan (e.g. as part of an integrated multidisciplinary	Public Health Wales Observatory Evidence

<p>and Therapeutics Therapies</p>		<p>Therapies</p>	<p>approach to symptom control by a hospital based pain management team) and as such will be used as part of an existing contract.</p> <p>The LHB will not support referral outside of the NHS for these services.</p> <p>Request for exemption required in all other cases.</p>	<p>Summary. Complementary Medicine and Alternative Therapies: http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-complementary-medicine-</p> <p>The evidence suggests that there are large numbers of complementary and alternative therapies that have not been subject to the trials used to establish the effectiveness of conventional clinical treatments. The evidence base is developing and up to date evidence on complementary therapies and alternative treatments can be obtained from the Cochrane library and specialist evidence of NHS Library.</p>
<p>Dental</p>	<p>F11.5 F11.6</p>	<p>Dental Implants</p>	<p>Can be used for patients who need post cancer reconstruction, hypodontia, major trauma with bone loss, or on the advice of NHS specialists as outlined in the Dental Hospital Referral Criteria for Restorative Dentistry:</p> <p>Dental hospital referral guidelines.PDF .</p> <p>Request for exemption required in all other cases.</p>	<p>Public Health Wales Evidence-Based Information: http://www2.nphs.wales.nhs.uk:8080/healthserviceqtdtdocs.nsf/PublicPage?OpenPage</p> <p>Royal College of Surgeons Guidelines for selecting appropriate patients to receive treatment with dental implants: Priorities for the NHS (2012): https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/implant-guidelines-20121009_final.pdf?la=en</p>

				The evidence suggests that dental implants have been shown to be a successful treatment. However, dental implant treatment should only be provided by appropriately trained dentists in accordance with General Dental guidance
Dental	F12.1	Apicectomy	<p>Can be used for:</p> <ul style="list-style-type: none"> • Presence of periradicular disease, with or without symptoms in a root filled tooth, where non surgical root canal re-treatment cannot be undertaken or has failed, or where conventional re-treatment may be detrimental to the retention of the tooth • Presence of periradicular disease in a tooth where iatrogenic or developmental anomalies prevent non surgical root canal treatment being undertaken • Where biopsy of periradicular tissue is needed • Where visualisation of the periradicular tissues and tooth root is required when perforation, root crack or fracture is suspected • Where procedures are required that need either tooth sectioning or root amputation • Where it may not be expedient to undertake prolonged non-surgical root canal re-treatment because of patient considerations. <p>Request for exemption required in all other case</p>	<p>Public Health Evidence-Based Summary. Apicectomy: http://www2.nphs.wales.nhs.uk:8080/healthserviceqgtdtdocs.nsf/PublicPage?OpenPage</p> <p>Royal College of Surgeons of England. Guidelines for surgical endodontics 2012: https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/surgical_endodontics_2012.pdf?la=en</p> <p>The evidence suggests that the success rate of apical surgery on molar teeth is low.</p>
Dental	F14.- F15.-	Orthodontic treatments of essentially cosmetic nature	<p>Priority will be based on those with high Index of Orthodontic Treatment Need Scores - 5, 4 and 3 where a significant aesthetic component can be demonstrated and those with other major conditions e.g. cancers, craniofacial deformity.</p> <p>Request for exemption required in all other cases.</p>	Evidence based on expert opinion suggests that orthodontic treatment should be directed at those individuals in which the greatest benefit can be achieved.


Dental	F09.3	Wisdom teeth - Removal of asymptomatic	Can be used in cases where there is evidence of pathology. Request for exemption required in all other cases	NICE Technology Appraisal 1 Guidance on the extraction of wisdom teeth: http://guidance.nice.org.uk/TA1 Impacted wisdom teeth free from disease should not be operated on.
Surgery Ophthalmology	C44.8 C46.4 C46.8 + Y02.1	Corneal implants for the correction of refractive error in the absence of other ocular pathology e.g.keratoconus.	No routine exemption criteria. Request for exemption required in all cases.	NICE Interventional Procedures Guidance 225 Corneal implants for the correction of refractive error: http://guidance.nice.org.uk/IPG225/guidance/pdf/English NICE Do not do recommendation Current evidence on the efficacy of corneal implants for the correction of refractive error shows limited and unpredictable benefit. In addition, there are concerns about the safety of the procedure for patients with refractive error that can be corrected by other means, such as spectacles, contact lenses, or laser refractive surgery.
Surgery Ophthalmology	C55.4	Scleral expansion surgery for presbyopia	No routine exemption criteria. Request for exemption required in all cases.	NICE Interventional Procedures Guidance 70 Scleral expansion surgery for presbyopia: http://guidance.nice.org.uk/IPG70 NICE Do not do recommendation Current evidence on the safety and efficacy of scleral expansion


				surgery for presbyopia is very limited. There is no evidence of efficacy in the majority of patients. There are also concerns about potential risks of the procedure.
Surgery Ophthalmology	C44 + C45	Laser therapy for short sight	Can be used if the patient has a biometry error following cataract surgery. Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 164 Photorefractive (laser) surgery for the correction of refractive errors: https://www.nice.org.uk/guidance/ipg164 Current evidence suggests that photorefractive (laser) surgery for the correction of refractive errors is safe and efficacious for use in appropriately selected patients. However, the safety and effectiveness of this procedure should be considered against the alternative methods of correction: spectacles and contact lenses.
Surgery Ophthalmology	C88.2	Photodynamic Therapy (PDT) for late Age-related Macular Degeneration (AMD) (wet active)	Only to be offered as an adjunct to anti-VEGF as second-line treatment for late AMD (wet active) in the context of a randomised controlled trial. Request for exemption required in all other cases.	NICE Guideline 82 Age-related macular degeneration: https://www.nice.org.uk/guidance/ng82/resources/agerelated-macular-degeneration-pdf-1837691334853 NICE Do not do recommendations: Do not offer photodynamic therapy alone for late AMD (wet active). Do not offer photodynamic therapy as an adjunct to anti-

				VEGF as first-line treatment for late AMD (wet active).
Surgery Cardiac/vascular	K23.4 + Y08.5	Percutaneous laser revascularisation for refractory angina pectoris	No routine exemption criteria. Request for exemption required in all cases.	NICE Interventional Procedures Guidance 302 Percutaneous laser revascularisation for refractory angina pectoris : http://www.nice.org.uk/nicemedia/pdf/IPG302Guidance.pdf NICE Do not do recommendation Current evidence on percutaneous laser revascularisation (PLR) for refractory angina pectoris shows no efficacy and suggests that the procedure may pose unacceptable safety risks.
Surgery Cardiac	K23.4 + Y08.5	Transmyocardial laser revascularisation (TMLR) for refractory angina pectoris	No routine exemption criteria. Request for exemption required in all cases.	NICE Interventional Procedures Guidance 301 Transmyocardial laser revascularisation for refractory angina pectoris: http://www.nice.org.uk/nicemedia/pdf/IPG301FullGuidance.pdf NICE Do not do recommendation Current evidence on TMLR for refractory angina pectoris shows no efficacy, based on objective measurements of myocardial function and survival. Current evidence on safety suggests that the procedure may pose unacceptable risks.
Surgery	U13.2 + Z84.3	Therapeutic use of ultrasound in hip and	No routine exemption criteria. Request for exemption required in all cases.	Public Health Wales Observatory Evidence Summary. Therapeutic use of ultrasound in hip and knee

Orthopaedics	+ Z84.6	knee osteoarthritis		osteoarthritis: http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-therapeutic-use-of-ultr
Surgery Orthopaedics	T59.- T60.-	Ganglia – Surgical Removal	Can be used if the ganglion is very painful and restricts work and hobbies (subject to specialist surgical assessment and advice). Request for exemption required in all other cases.	Public Health Wales Observatory Evidence Summary. Ganglia surgical removal: http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-ganglia-surgical-remova The evidence suggests that there is a high rate of spontaneous resolution for ganglia and that reassurance should be the first therapeutic intervention for most patients and all children
Surgery Orthopaedics	W71.4 W85.3	Autologous Chondrocyte implantation for knee/ ankle problems caused by damaged articular cartilage	Can be used in line with NICE guidance. Request for exemption required in all other cases.	NICE Technology Appraisal 477: Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee: https://www.nice.org.uk/guidance/ta477 TA477: Autologous chondrocyte implantation (ACI) is recommended as an option for treating symptomatic articular cartilage defects of the knee, only if: <ul style="list-style-type: none"> • the person has not had previous surgery to repair articular cartilage defects • there is minimal osteoarthritic damage to the knee (as

				<p>assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis)</p> <ul style="list-style-type: none"> the defect is over 2 cm²
<p>Surgery Orthopaedics</p>	NO CODE	Electrical & electromagnetic field treatments bone non-union	No routine exemption criteria. Request for exemption required in all cases.	<p>Public Health Wales Observatory Evidence summary. Electrical and electronic field treatments in non-union of bones: http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-electrical-and-electron</p>
<p>Surgery Orthopaedics</p>	NO CODE	Abrasion arthroplasty	No routine exemption criteria. Request for exemption required in all cases.	<p>Public Health Wales Observatory Evidence summary. Abrasion arthroplasty for knees: http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-abrasion-arthroplasty-f</p>
<p>Surgery Orthopaedics Clinical Diagnostic and Therapeutics Radiology</p>	U21.1 + Z66.5	Low Back Pain (Non-specific) – Plain X-rays of lumbar spine & MRI scans	<p>MRI scans can be used in the context of a referral for an opinion on spinal fusion or if one of the following diagnoses are suspected:</p> <ul style="list-style-type: none"> Spinal malignancy Infection Fracture Cauda Equina Syndrome Ankylosing Spondylitis or another Inflammatory Disorder. <p>Request for exemption required in all other cases.</p>	<p>NICE Guideline 59 Low back pain and sciatica in over 16s: assessment and management: https://www.nice.org.uk/guidance/NG59</p>
<p>Surgery Orthopaedics / anaesthetics Clinical</p>	M45.59 (ICD10 code)	Low Back Pain (Non-specific) - Management	<p>Do not offer the following for the management of low back pain with or without sciatica:</p> <ul style="list-style-type: none"> Belts or corsets Foot orthotics Rocker sole shoes 	<p>NICE Guideline 59 Low back pain and sciatica in over 16s: assessment and management: https://www.nice.org.uk/guidance/NG59</p>

Diagnostic and Therapeutics Therapies			<ul style="list-style-type: none"> • Traction • Acupuncture • Ultrasound • Percutaneous electrical nerve stimulation (PENS) • Transcutaneous electrical nerve stimulation(TENS) • Interferential therapy <p>The following referrals should NOT be offered for the early management of persistent non-specific low back pain:</p> <ul style="list-style-type: none"> • Radiofrequency facet joint denervation • Percutaneous electrothermal treatment of the intervertebral disc annulus • Percutaneous intradiscal radiofrequency treatment (PIRFT) 	<p>NICE IPG 544 Percutaneous electrothermal treatment of the intervertebral disc annulus for low back pain and sciatica https://www.nice.org.uk/guidance/ipg544</p> <p>NICE IPG 545 Percutaneous intradiscal radiofrequency treatment of the intervertebral disc nucleus for low back pain https://www.nice.org.uk/guidance/ipg545</p>
Surgery Orthopaedics Specialist Services Neurosurgery	A52.1 A52.2 A52.8 A52.9 A54.9 A57.7 V54.4	Spinal Injections for Spinal Surgery	<p>Before the use of spinal injections is considered, all patients must have been treated using conservative management techniques, as described in the UHB back pain pathway, and failed to achieve sufficient pain control.</p> <p>Spinal injections serve both a therapeutic and diagnostic role. The specific indications for which each of the three types of spinal injection may routinely be used are:</p> <ol style="list-style-type: none"> 1. Lumbar and sacral epidural injections (A52.1, A52.2, A52.8) should only be used for therapeutic reasons where the diagnosis of spinal stenosis has been made and for post spinal stabilisation radicular pain where a nerve block might be difficult due to anatomical reasons. 2. Facet joint and sacro-iliac injections (V54.4) should be used for diagnostic purposes only. This may need to be repeated to ascertain consistency. 3. Spinal Nerve root blocks (A577) may be used for radicular pain. <p>Injections should not be used more than twice in the same individual for the same episode of pain. If pain persists beyond this and no significant surgical target has been identified, the patient may require referral to the Pain</p>	<p>Clinical evidence base:</p> <div style="text-align: center;">  130102 SpinalInjections_spin </div>

			<p>Team to be assessed for management of chronic pain.</p> <p>Request for exemption required for the use of spinal injections in all other circumstances.</p>	
<p>Surgery</p> <p>Anaesthetics: Pain Medicine</p>	<p>A52.1 A52.2 A52.8 A52.9 A54.9 A57.7 V54.4 W90.3</p>	<p>Spinal Injections for Pain Medicine</p>	<p>Before the use of spinal injections is considered, all patients must have been treated using appropriate conservative management techniques, as described in the UHB back pain pathway, and failed to achieve sufficient pain control.</p> <p>The specific indications for which each of the three types of spinal injection may routinely be used are:</p> <ol style="list-style-type: none"> 1. Lumbar and sacral epidural injections (A52.1, A52.2, A52.8) may be used for the following therapeutic reasons: <ol style="list-style-type: none"> a. Where the diagnosis of spinal stenosis has been made. b. For post spinal stabilisation radicular pain, where a nerve block might be difficult due to anatomical reasons. c. In patients with leg pain, either before or after back surgery, presenting with stenotic or radicular leg pain. 2. Facet joint and sacro-iliac injections (V54.4, W90.3) may be used for diagnostic and therapeutic purposes in patients suffering from chronic low back pain for greater than one year, as detailed below. <ol style="list-style-type: none"> a. Diagnostic facet joint injections may be used in order to identify patients that benefit from therapeutic Radiofrequency ablation of nerve to the facet joint in specific facet joint related back pain identified as such. b. Therapeutic facet and sacroiliac injections may be used in patients with specific facet or sacroiliac related back pain and/or referred leg pain 3. Spinal Nerve root blocks (A57.7) may be used for radicular pain. Repeat spinal nerve root block may be required if pain persists and no significant surgical 	<p>Clinical evidence base:</p> <p></p> <p>131115_SpinalInjections_INNU_pain_medi</p> <p>In the pain clinic, spinal injections serve both a therapeutic and diagnostic role. All spinal injections will be performed following a thorough bio psychosocial assessment and discussion with a consultant in pain medicine. They will always be performed as a part of a comprehensive pain management plan with the intention of improving patients' physical functioning and enabling participation in rehabilitative physiotherapy and/ or psychotherapy as appropriate within individualised pain management plans. The goal of spinal injections will be facilitation of pain management via reduction of the intensity of physical symptoms in order to promote patient engagement with self management strategies in the long term.</p>

			<p>target has been identified.</p> <p>Repeated therapeutic injections may be required in patients unable to tolerate oral medications, the independent elderly intolerant of analgesics, patients with drug dependence issues, young patients trying to avoid medication related side effects in order to retain their job, care for a family or continue study, and patients with concomitant worsening mental illness due to chronic pain uncontrolled despite optimal medical management.</p> <p>Spinal injections should not be used more than twice in the same individual for the same episode of pain. Such repeated injections should only be carried out if the patient reports ongoing pain relief (measured at first follow up) of greater than 50%, with improved physical functioning as demonstrated utilising suitable standardised outcome measures, 3 months or more post procedure.</p> <p>Request for exemption is required for the use of spinal injections in all other circumstances.</p>	
<p>Surgery</p> <p>Orthopaedics</p>	<p>W15.1 W15.2 W15.3 W15.6 W15.8 W16.4 W57.1 W59.3 W71.2 W79.1 W79.2</p>	<p>Hallux valgus (bunion):</p> <p>Surgical correction</p>	<p>Only patients identified with the following criteria should be listed for treatment:</p> <ul style="list-style-type: none"> • Osteoarthritis affecting the 1st metatarsal phalangeal joint • Impending or actual skin compromise • Evidence of transfer metatarsalgia with mechanical changes requiring intervention e.g. claw toe 	<p>Public Health Wales Observatory Evidence Summary. Surgery for Hallux valgus (Bunion): http://www.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-surgery-for-hallux-valg</p>

<p>Surgery Orthopaedics</p>	<p>W58.1 + Z84.3</p>	<p>Hip Resurfacing Techniques apart from in-line with published NICE guidance</p>	<p>Can be used in line with NICE guidance. Request for exemption required in all other cases.</p>	<p>NICE Technology Appraisal 304 Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip: https://www.nice.org.uk/guidance/ta304</p> <p>Do not use prostheses for total hip replacement and resurfacing arthroplasty as treatment options for people with end-stage arthritis of the hip if the prostheses have rates (or projected rates) of revision of more than 5% more at 10 years.</p>
<p>Surgery Orthopaedics</p>	<p>V25.- + Y08.- Y76.3</p>	<p>Endoscopic Lumbar Decompression and Laser Disc Decompression</p>	<p>Can be used in line with NICE guidance. Request for exemption required in all other cases.</p>	<p>NICE Interventional Procedures Guidance 570 Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica: https://www.nice.org.uk/guidance/ipg570</p>

Surgery Orthopaedics	V33.7 + Y08.-	Laser Lumbar Micro-Discectomy	Can be used in line with NICE guidance. Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 570 Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica: https://www.nice.org.uk/guidance/ipg570
Surgery Orthopaedics	W86.8	Hip Arthroscopy & Debridement	Can be used in line with NICE guidance. Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 408 Arthroscopic femoro–acetabular surgery for hip impingement syndrome: https://www.nice.org.uk/guidance/ipg408
Surgery Orthopaedics	W37.- W38.- W39.- W93.- W94.- W95.-	Hip Prostheses	Can be used in line with NICE guidance. Request for exemption required in all other cases.	NICE Technology Appraisal 304 Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip: https://www.nice.org.uk/guidance/ta304 NICE TA304: Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end-stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years.

<p>Surgery</p> <p>ENT</p>	<p>F34.-</p>	<p>Tonsillectomy – children & adults</p>	<p>Can be used if patients meet ALL of the following criteria prior to referral:</p> <ul style="list-style-type: none"> • Sore throat is due to tonsillitis • Five or more episodes of sore throat per year • Symptoms for at least one year • Episodes of sore throat are disabling and prevent normal function <p>Request for exemption required in all other cases.</p>	<p>Public Health Wales Observatory Evidence Summary. Tonsillectomy (adult and children):</p> <p>http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-tonsillectomy-adult-and-children</p> <p>A six-month period of watchful waiting is recommended prior to tonsillectomy to establish firmly the patterns of symptoms and allow the patient to consider fully the implications of the operation.</p> <p>Once a decision is made for tonsillectomy, this should be performed as soon as possible, to maximise the period of benefit before natural resolution of symptoms might occur.</p>
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<p>Surgery ENT</p>	<p>F32.8</p>	<p>Soft-palate implants for obstructive sleep apnoea</p>	<p>No routine exemption criteria. Request for exemption required in all cases.</p>	<p>NICE Interventional Procedures Guidance 241 Soft-palate implants for obstructive sleep apnoea: http://www.nice.org.uk/nicemedia/pdf/IPG241Guidance.pdf</p> <p>NICE Do not do recommendation</p> <p>Current evidence on soft-palate implants for obstructive sleep apnoea raises no major safety concerns, but there is inadequate evidence that the procedure is efficacious in the treatment of this potentially serious condition for which other treatments exist.</p>
<p>Surgery ENT</p>		<p>Nasal surgery for snoring</p>	<p>No routine exemption criteria. Request for exemption required in all cases.</p>	<p>Included on National Do Not Do list</p>
<p>Surgery ENT</p>	<p>D15.1</p>	<p>Grommets - Drainage of middle ear in otitis media with effusion (OME)</p>	<p>Can be used where there has been a period of at least three months watchful waiting from the date of the first appointment with an audiologist or GP with special interest in ENT AND the child is placed on a waiting list for the procedure at the end of this period; AND otitis media with effusion persists after three months</p> <p>AND the child (who must be over three years of age) suffers from at least one of the following:</p> <ul style="list-style-type: none"> • At least 3-5 recurrences of acute otitis media in a year • Evidence of delay in speech development • Educational or behavioural problems attributable to persistent hearing impairment, with a hearing loss of at least 25dB particularly in the lower tones (low frequency 	<p>NICE Clinical Guideline 60 Otitis media with effusion in under 12s surgery: http://www.nice.org.uk/nicemedia/pdf/CG60fullguideline.pdf</p>

			<p>loss)</p> <ul style="list-style-type: none"> • A significant second disability such as Down's syndrome. <p>Request for exemption required in all other cases.</p>	
<p>Surgery</p> <p>Vascular</p>	<p>L84.- L85.- L86.- L87.- L88.-</p>	<p>Varicose Veins – asymptomatic & mild/moderate cases</p>	<p>Can be used in the following circumstances:</p> <ul style="list-style-type: none"> • ulcers/history of ulcers secondary to superficial venous disease • liposclerosis • varicose eczema • history of phlebitis. <p>Request for exemption required in all other cases.</p>	<p>NICE Referral Advice https://pathways.nice.org.uk/pathways/varicose-veins-in-the-legs</p> <p>Evidence from recent population surveys indicates very little relationship between symptoms and varicose veins – substantial numbers of patients without varicose veins have similar symptoms</p> <p>Most varicose veins require no treatment. The most common complaint about varicose veins is their appearance. When bleeding or ulceration occurs referral may be appropriate and of that number some may benefit from surgical intervention.</p>

Surgery Gynaecology	A79.8 + Y08.-	Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain	No routine exemption criteria. Request for exemption required in all cases.	NICE Interventional Procedures Guidance 234 Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain: http://guidance.nice.org.uk/IPG234 The evidence on laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain suggests that it is not efficacious and therefore should not be used.
Surgery Gastroenterology	G80.2	Capsule Endoscopy/ Pillcam	Can be used for disease of the small bowel for: <ul style="list-style-type: none"> • Overt or transfusion dependant bleeding from GI tract, when source not identified on OGD/ Colonoscopy • Crohns Disease in whom strictures are not suspected • Hereditary GI polyposis syndromes Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 101: Wireless capsule endoscopy for investigation of the small bowel: http://guidance.nice.org.uk/IPG101
Surgery Gastroenterology	J18.1 J18.2 J18.3 J18.4 J18.5 J18.8 J18.9	Cholecystectomy (for asymptomatic gall stones)	Can be used in patients who are at increased risk of developing gallbladder carcinoma or gallstone complications. Request for exemption required in all other cases.	Public Health Wales Observatory Evidence Summary. Cholecystectomy for asymptomatic gallstones: http://www.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-cholecystectomy-for-asy There is insufficient evidence of clinical effectiveness of cholecystectomy (for asymptomatic gallstones).
Surgery Gastroenterology	H51.-	Haemorrhoidectomy	Can be used in cases of: <ul style="list-style-type: none"> • Recurrent haemorrhoids • Persistent bleeding • Failed conservative treatment 	Public Health Wales Observatory Evidence Summary. Haemorrhoidectomy: http://www.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-haemorrhoidectomy

			Request for exemption required in all other cases.	ervatory.wales.nhs.uk/evidence-summary-haemorrhoidectomy No routine exemption criteria. Request for exemption required in all cases. The evidence suggests that first and second degree haemorrhoids are classically treated with some form of non-surgical ablative/ fixative intervention, third degree treated with rubber band ligation or haemorrhoidectomy, and fourth degree with haemorrhoidectomy.
Surgery Neurosurgery	No code	Subthalamic nucleotomy for Parkinson's disease	Can be used in line with NICE guidance. Request for exemption required in all other cases.	NICE Interventional Procedures Guidance 65 Subthalamotomy for Parkinson's disease: https://www.nice.org.uk/guidance/ipg65
Medicine Gastroenterology	No code	PH/Manometry Impedance Studies	No routine exemption criteria for adults. Request for exemption required in all adult cases.	Public Health Wales Evidence Summary. Oesophageal manometry and 24 hour pH monitoring: http://www.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-oesophageal-manometry-a
Medicine Urology	N29.1	Treatment for Erectile Dysfunction (ED)	Can be used in accordance with the agreed service specification of: a. Assessment by specialist ED providers for men with ED referred by GPs. b. Treatment (drug or mechanical device) for ED in line with WHC (1999) 06 i.e. for men suffering from ED who fall	Cardiff and Vale Formulary and Erectile Dysfunction Care Pathway http://cardiffandvaleuhb.inform.wales.nhs.uk/favicon.ico

			<p>into the eligible groups for NHS prescriptions from GPs.</p> <p>c. Treatment (drug or mechanical device) by specialist ED providers for men categorised as suffering with ED and severe distress who do not fall into 1(b).</p> <p>Request for exemption required in all other cases.</p>	
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Medicine Rheumatology	M79.09 (ICD10 code)	Fibromyalgia in adults: In patient pain management/ specialised fibromyalgia programmes	There is no cure for fibromyalgia syndrome and treatment is aimed at alleviation of symptoms. There are no agreed criteria for referral to inpatient pain management or specialised fibromyalgia programmes without an IPFR.	Public Health Wales Observatory Evidence Summary. Fibromyalgia in adults: http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-fibromyalgia-in-adults-
Medicine Respiratory Children & Women CAMHS	No code	Melatonin for delayed sleep phase disorder	No routine exemption criteria for use in adults. Request for exemption required in all adult cases. Use in children and adolescents should be specialist initiated and in line with Shared Care Protocol CV54 Use in adults under review (07/18). Please refer to Cardiff and Vale formulary for updated guidance http://cardiffandvaleuhb.inform.wales.nhs.uk/favicon.ic o	Public Health Wales Evidence Summary. Melatonin for delayed sleep disorder: http://www2.nphs.wales.nhs.uk:8080/healthserviceqtdtdocs.nsf/PublicPage?OpenPage Shared care protocol CV54: Melatonin for children and adolescents (up to and including 18 years) with significant sleep onset difficulties https://www.wmic.wales.nhs.uk/cv54-melatonin/
Medicine Stroke services Clinical Diagnostic and Therapeutics General rehabilitation	No code	Mirror therapy	No routine exemption criteria. Request for exemption required in all cases.	Public Health Wales Observatory Evidence Summary. Mirror therapy: http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-mirror-therapy-innu-

Mental health	X66.-	Computer Based Cognitive Behavioural Therapy	Can be used in line with NICE guidance. Request for exemption required in all other cases.	<p>NICE Technology Appraisal 97 Computerised cognitive behaviour therapy for depression and anxiety: www.nice.org.uk/guidance/ta97</p> <p>NICE Clinical Guideline 90 Depression in adults: recognition and management: www.nice.org.uk/guidance/cg90</p> <p>NICE Clinical Guideline 91 Depression in adults with a chronic physical health problem: recognition and management: www.nice.org.uk/guidance/cg91</p> <p>NICE Clinical Guideline 159 Social anxiety disorder: recognition, assessment and treatment www.nice.org.uk/guidance/cg159</p>
Mental health	A83.8 A83.9	Electroconvulsive Therapy (ECT)	Can be used in line with NICE guidance. Request for exemption required in all other cases.	<p>NICE Technology Appraisal 59 Guidance on the use of electroconvulsive therapy: www.nice.org.uk/Guidance/TA59</p> <p>NICE Clinical Guideline 90 Depression in adults: recognition and management: www.nice.org.uk/guidance/cg90</p>

Please refer to the Cardiff and Vale Prescribing Formulary for a list of medicines and their indications approved for use within Cardiff and Vale UHB. The formulary can be found at:

<http://cardiffandvaleuhb.inform.wales.nhs.uk>

Technology appraisal decisions produced by the National Institute of Health and Care Excellence (NICE) and medicines appraisal decisions from All Wales Medicines Strategy Group can be found at:

<https://www.nice.org.uk/guidance/published?type=ta>

<http://www.awmsg.org/awmsgonline/app/report;jsessionid=4f4bcc7791af5daa9bfd99212284?execution=e1s1>

PART 2: SERVICES COMMISSIONED BY WELSH HEALTH SPECIALISED SERVICES (WHSSC)

LIST OF SPECIALISED SERVICES COMMISSIONING POLICIES AND SERVICE SPECIFICATIONS

The policies are available to view on the WHSSC website¹
www.whssc.wales.nhs.uk/policies-and-procedures-1

Conditions and procedures of the head and neck

Auditory brain stem implants (CP36)
Bevacizumab (Avastin) Use in Patients with Relapsed Glioma (CP65)
Cochlear Implants (CP35)
Deep Brain Stimulation (CP28)
Facial Surgery Procedures (CP43)
Pipeline Embolisation Devices for Intracranial Aneurysms (CP101)
Stereotactic Radiosurgery (CP22)
Vagal Nerve Stimulation (CP23)

Conditions and procedures of the thorax

Breast Surgery Procedures (CP69)
Cardiac Resynchronisation Therapy in the Management of Advanced Heart Failure (CP12)
Genetic Testing for Inherited Cardiac Conditions (CP57)
Stereotactic Ablative Body Radiotherapy (SABR) for the management of surgically inoperable Non-Small Cell Lung Cancer in Adults (CP76)
Thoracic Surgery (CP144a)
Transcatheter Aortic Valve Implantation (TAVI) for Severe Symptomatic Aortic Stenosis (SSAS) (CP58)

Conditions and procedures of the abdomen and lower back

Abdominoplasty/ aprenectomy following significant weight loss (PP45)
Bariatric Surgery (CP29)
Diaphragmatic/Phrenic Nerve Stimulation (CP13)
Hepatobiliary Cancer Surgery (CP73)
Hyperthermic Intraperitoneal Chemotherapy (HIPEC) and Cytoreductive Surgery for treatment of Pseudomyxoma Peritonei (CP02)
Selective dorsal rhizotomy (CP53)

Transarterial Chemoembolisation (TACE) Drug-eluting Doxorubicin (DEBOX) for the Management of Unresectable, Metastatic Liver Disease (CP68)

¹ Website accessed 28 March 2018

Gender and reproductive conditions and procedures

Circumcision (CP34)

Enhanced Image Guided Brachytherapy (IGBT) Service for the Treatment of Gynaecological Malignancies (CP75)

Low Dose Brachytherapy in the Treatment of Localised Prostate Cancer (CP01)

Pre-implantation Genetic Diagnosis (PGD) (CP37)

Gender Identity (Adult) Services (CP21)

Specialist Fertility Services (CP38)

Conditions and treatments not specific to one body area

Positron Emission Tomography (PET) (CP50)

68-gallium DOTATE scanning for the Management of Neuroendocrine Tumours (NETs) (CP66)

Alternative and augmentative communication (AAC) aspect of the electronic assistive technology (EAT) service, Wales (CP93a)

Body Contouring (CP44)

Blood and marrow transplantation (CP79)

Cancer services for Children Specialised Service (CP86)

Eculizumab for Atypical Haemolytic Syndrome (aHUS) (CP98)

Extracorporeal Photophoresis (ECP) for the Treatment of Chronic Graft versus Host Disease in Adults (CP91)

Extracorporeal Photophoresis (ECP) for the Treatment of Cutaneous T-cell Lymphoma (CP92)

Fetal Medicine (Specialist) (CP97)

Home Administered Parenteral Nutrition (HPN) (CP24)

Hyperbaric Oxygen Therapy (CP07)

Immunology (CP78)

Integrated Specialist Rehabilitation (CP48)

Live Donor Expenses (CP30)

Lymphovenous Anastomosis (LVA) Microsurgery for Primary and Secondary Lymphoedema (CP87a, CP87b)

New Health Technologies (including Clinical Trials) (CP18)

Peptide Receptor Radionuclide Therapy (PPRT) for the Treatment of Neuroendocrine Tumours (NETs) (CP67)

Posture and Mobility (All Wales) CP59

Prosthetic and Amputee Rehabilitation Services (CP89)

Proton Beam Therapy (PBT) for Adults with Cancer (CP147)

Proton Beam Therapy (PBT) for Children, Teenagers and Young Adults with Cancer (CP148)

Temporary Dialysis Away From Base (DAFB) (Holiday Dialysis) (CP33)

Benign Skin Conditions (CP42)

Hirsutism (hair depilation) (PP51)

War Veterans - Enhanced Prosthetic Provision (CP49)

Genetic conditions and treatments

Ataluren for treating Duchenne Muscular Dystrophy with a nonsense mutation in the dystrophin gene (CP118)

Drug Treatment for Lysosomal Storage Disorders (CP55)

Elosulfase alfa (Vimizim) for the Management of MPS Type IVA (CP100)

Genetic testing for inherited Cardiac conditions (CP57)

Genetic services (CP99)

Inhaled Therapy for Patients 6 years and older with Cystic Fibrosis (CP74)

Inherited Bleeding Disorders including Haemophilia Management (CP05, CP77)

Ivacaftor (Kalydeco) for G551D Cystic Fibrosis (CP46)

Mental health conditions and treatments

Child and Adolescent Mental Health Services (Tier 4) (CP19)

Tier 4 Specialised Eating Disorder Services (CP20)